

STUDENT INFORMATION

 FIRST MIDDLE LAST

 BRANDMAN ID NUMBER

 ADDRESS

 EMAIL ADDRESS

 CITY STATE ZIP CODE

 PHONE

Parent(s)/Stepparent(s) may use this form to request a review of student aid eligibility because of extenuating circumstances not addressed on your 2010-2011 Free Application for Federal Student Aid (FAFSA). Changes resulting from this review **do not guarantee an increase in aid.**

REDUCTION OF INCOME (at least 10 weeks of unemployment or 20% reduction in income since 2009)

DO NOT LEAVE BLANKS. Indicate N/A if it does not apply to you.

Please Provide:

- Your 2009 signed federal tax return AND W-2s
- Year-to-date pay stub
- Documentation of Unemployment Benefits
- Copy of employer separation letter
- Attach a detailed letter of explanation concerning your loss of income, and include:
 - your current or prior employer's/agency's name, address and phone number
 - separation date or date your income was reduced.

2010 (January 1st-December 31st)

Other Taxable Income

(Alimony, dividend/interest income, unemployment compensation, or trust/investment income)

FATHER: \$ _____

MOTHER: \$ _____

2010(January 1st-December 31st)

Estimated total gross income from work

Include year to date pay and estimated future earnings

FATHER: \$ _____

MOTHER: \$ _____

2010 (January 1st-December 31st)

Nontaxable Income

(Pensions, annuities, TANF, or child support received)

FATHER: \$ _____

MOTHER: \$ _____

DISLOCATED WORKER - You must complete this section if you answered "yes" that you or your spouse are a dislocated worker on the FAFSA. Please indicate which of the following categories apply.

You or your spouse:

- is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation;
- has been laid off or received a lay-off notice from a job;
- was self-employed but is now unemployed due to economic conditions or natural disaster; or
- is a displaced homemaker. A displaced homemaker is a person who previously provided unpaid services to the family (for example: a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment.
- answered "yes" to the dislocated worker question in error. **Neither parents are dislocated workers**

DIVORCE - SEPARATION - DEATH OF SPOUSE:

Attach a letter of explanation, including the following:

- date of divorce/separation/death of spouse, if it occurred *after* filing the 10-11 FAFSA
- 2009 signed tax return and W-2s for both
- list current household members, relationship, age, monthly child support and alimony you will receive in 2010
- list 2010 business value and/or farm value and/or investment value, and list 2010 business debt and/or farm debt and/or investment debt

The Financial Aid Office has established a budget for educational and personal expenses. **If you have expenses that are of an extraordinary nature, submit this form and provide the requested documentation.** Do not include basic living expenses such as rent, insurance of any type, food, credit card debt, auto maintenance, and/or entertainment.

The format of the below information should include a letter of explanation and an itemized list of expenses claimed. Please cross-reference the itemized expenses with the supporting receipts or other documentation provided.

UNUSUAL MEDICAL and/or DENTAL EXPENSES not covered by insurance:

- Attach an itemized list of expenses claimed** and copies of receipts for expenses from Hospitals/Clinics/Doctor's Office. **Do not include premium payments and expenses covered by your insurance.**
- Attach a separate letter of explanation** stating the reason for the expenses.

PRIVATE SCHOOL TUITION:

- Attach a copy of tuition bill, annual agreement, or contract** for tuition expenses incurred by dependent children that are attending a private primary school during the 10-11 academic year.

EXTENDED FAMILY SUPPORT:

- Attach a separate letter of explanation** stating the reason(s) for financially supporting a relative not counted as a member of your household.
 - **List the following information in your letter:**
 - Name, age, and relationship of relative(s).
 - Month and year support began and expected date support will end.
 - Dollar amount of monthly support paid by you.

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS.

PARENT'S SIGNATURE

DATE

PARENT'S NAME (PLEASE PRINT)

PARENT PHONE

PARENT ADDRESS

PARENT EMAIL ADDRESS

CITY STATE ZIP